



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BOMAPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		48008.26
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	51591.99									
(c) Total Receipts (from Line 19) .....	32753.00	51225.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84344.99	99233.26								
7. Total Disbursements (from Line 31) .....	34735.17	49623.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49609.82	49609.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
BOMAPAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3685.00	8580.00
(ii) Unitemized .....	29068.00	37645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	32753.00	46225.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	32753.00	51225.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32753.00	51225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32753.00	51225.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7235.17	7588.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7235.17	7588.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	42035.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34735.17	49623.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34735.17	49623.44

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	32753.00	51225.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32753.00	51225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7235.17	7588.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7235.17	7588.44

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.**

Full Name (Last, First, Middle Initial)  
Meade Boutwell

Mailing Address 19 Oak Ave.

City San Anselmo State CA Zip Code 94960

FEC ID number of contributing federal political committee. **C**

Name of Employer Damon Raiké & Co. Occupation Accountant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 26 / 2009

Transaction ID: C796721

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Meade Boutwell

Mailing Address 19 Oak Ave.

City San Anselmo State CA Zip Code 94960

FEC ID number of contributing federal political committee. **C**

Name of Employer Damon Raiké & Co. Occupation Accountant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 02 / 2009

Transaction ID: C799005

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Ron Burton

Mailing Address 1724 Ballenger Creek Pike

City Point Of Rocks State MD Zip Code 21777-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer BOMA International Occupation VP, Codes, Standards & Regulatory Affa

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 13 / 2009

Transaction ID: C781861

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
Henry Chamberlain  
 Mailing Address 5910 Calla Dr  
 City State Zip Code  
 McLean VA 22101-3307  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2009  
**Transaction ID:** C747302  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOMA International President  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

**B.** Full Name (Last, First, Middle Initial)  
Dan Chancey  
 Mailing Address 211 Montelo Rd  
 City State Zip Code  
 Memphis TN 38120  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2009  
**Transaction ID:** C747031  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Grubb & Ellis Real Estate Management  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

**C.** Full Name (Last, First, Middle Initial)  
Dan Chancey  
 Mailing Address 211 Montelo Rd  
 City State Zip Code  
 Memphis TN 38120  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 03 / 2009  
**Transaction ID:** C763147  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Grubb & Ellis Real Estate Management  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BOMAPAC**

**A.**

Full Name (Last, First, Middle Initial) Dan Chancey		Date of Receipt MM / DD / YYYY 11 / 16 / 2009
Mailing Address 211 Montelo Rd		<b>Transaction ID:</b> C805442
City Memphis	State TN	Zip Code 38120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Grubb & Ellis	Occupation Real Estate Management	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**B.**

Full Name (Last, First, Middle Initial) Brenda S Cobb		Date of Receipt MM / DD / YYYY 07 / 06 / 2009
Mailing Address 3224 Oak Hollow		<b>Transaction ID:</b> C747117
City Oklahoma City	State OK	Zip Code 73120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Commercial Asset Management	Occupation Managing member	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

**C.**

Full Name (Last, First, Middle Initial) Brenda S Cobb		Date of Receipt MM / DD / YYYY 07 / 07 / 2009
Mailing Address 3224 Oak Hollow		<b>Transaction ID:</b> C759402
City Oklahoma City	State OK	Zip Code 73120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Commercial Asset Management	Occupation Managing member	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**BOMAPAC**

**A.**

Full Name (Last, First, Middle Initial) Michael Cornicelli		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">07 / 13 / 2009</span>
Mailing Address 1812 N. Nordica Ave		<b>Transaction ID:</b> C782037
City	State	Zip Code
Chicago	IL	60707
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span>
Name of Employer BOMA Chicago	Occupation Association Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Margot Crosman		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 02 / 2009</span>
Mailing Address 1477 Palou Drive		<b>Transaction ID:</b> C798886
City	State	Zip Code
Pacifica	CA	94044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">200.00</span>
Name of Employer UNICO Properties Inc	Occupation Property manager	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Nancy Gille		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 02 / 2009</span>
Mailing Address 772 Second Avenue		<b>Transaction ID:</b> C798884
City	State	Zip Code
San Francisco	CA	94118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">200.00</span>
Name of Employer REAL Systems	Occupation real estate consultant	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
BOMAPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gordon Hester	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 4809 N. Gordon Road	<b>Transaction ID:</b> C782188
	City State Zip Code Spokane WA 99224	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kiemle R. Hasgood Company Director of Commerical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Hinz	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 183 Valdiva Dr.	<b>Transaction ID:</b> C853693
	City State Zip Code San Ramon CA 94583	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OneSource Building Services VP, Business Services	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Hinz	Date of Receipt MM / DD / YYYY 10 / 26 / 2009
	Mailing Address 183 Valdiva Dr.	<b>Transaction ID:</b> C796716
	City State Zip Code San Ramon CA 94583	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OneSource Building Services VP, Business Services	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.** Full Name (Last, First, Middle Initial)  
Rodney Kauffman

Mailing Address 11314 SE 219th PI

City State Zip Code  
Kent WA 98101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOMA Seattle-King County Association Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 07 / 2009

**Transaction ID: C782243**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Kent

Mailing Address 269 Prospect

City State Zip Code  
Long Beach CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FirstService Real Estate Advisors President, Real Estate Management Serv

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2009

**Transaction ID: C747257**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Richard King

Mailing Address 3321 NE 18th Suite 103

City State Zip Code  
Fort Lauderdale FL 33019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Colliers Arnold Real Estate Management

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2009

**Transaction ID: C747032**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
BOMAPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard King	Date of Receipt MM / DD / YYYY 07 / 07 / 2009
	Mailing Address 3321 NE 18th Suite 103	<b>Transaction ID:</b> C747482
	City State Zip Code Fort Lauderdale FL 33019	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Colliers Arnold Occupation Real Estate Management Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ray Mackey	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 5427 Harbor Town Drive	<b>Transaction ID:</b> C782185
	City State Zip Code Dallas TX 75287	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stream realty Partners, LP Occupation COO, Real Estate Mgmt Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mike McCormack	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 82 Hilarita Ave.	<b>Transaction ID:</b> C798848
	City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Glenborough LLC Occupation Leasing director Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	390.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
BOMAPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) William Milone	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 66 Contrade Fiore Drive	<b>Transaction ID:</b> C782198
	City State Zip Code Henderson NV 89011-3149	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lakeland Management BOMA local association exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine A. Pullen	Date of Receipt MM / DD / YYYY 07 / 06 / 2009
	Mailing Address 95 Diamond Rock Rd Ste 120	<b>Transaction ID:</b> C747337
	City State Zip Code Phoenixville PA 19460	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fox Realty Co. Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard D. Purtell	Date of Receipt MM / DD / YYYY 07 / 06 / 2009
	Mailing Address 974 Nottingham Dr	<b>Transaction ID:</b> C747336
	City State Zip Code Cincinnati OH 45255-4767	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Grubb & Ellis Management Services Vice President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.**

Full Name (Last, First, Middle Initial)  
Richard D. Purtell

Mailing Address 974 Nottingham Dr

City State Zip Code  
Cincinnati OH 45255-4767

FEC ID number of contributing federal political committee. **C**

Name of Employer: Grubb & Ellis Management Services  
Occupation: Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt: 11 / 16 / 2009  
**Transaction ID: C805444**  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Tom Shaw

Mailing Address 4505 Napier St.

City State Zip Code  
San Diego CA 92110

FEC ID number of contributing federal political committee. **C**

Name of Employer: Alpha Mechanical  
Occupation: salesperson

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: C798839**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Smith

Mailing Address 60 Old State Road

City State Zip Code  
Media PA 19063

FEC ID number of contributing federal political committee. **C**

Name of Employer: Marblelife  
Occupation: marketing rep

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 07 / 06 / 2009  
**Transaction ID: C747265**  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BOMAPAC

**A.**

Full Name (Last, First, Middle Initial)  
Brenna Walraven

Mailing Address 9532 Zion Circle

City State Zip Code  
Huntington Beach CA 92646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USAA Realty Inc Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
580.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2009

Transaction ID: C747325

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Brenna Walraven

Mailing Address 9532 Zion Circle

City State Zip Code  
Huntington Beach CA 92646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USAA Realty Inc Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
580.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2009

Transaction ID: C805449

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Boyd R. Zoccola

Mailing Address 12028 Leighton Ct

City State Zip Code  
Carmel IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hokanson Companies Inc. Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2009

Transaction ID: C747329

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

3685.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D92302 Date of Disbursement																			
	Mailing Address 2965 West Corporate Lakes Blvd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	9													
	City Weston State FL Zip Code 33331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement American Express fee	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D92303 Date of Disbursement																			
	Mailing Address 2965 West Corporate Lakes Blvd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	9													
	City Weston State FL Zip Code 33331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card fee	<table border="1"><tr><td>61.27</td></tr></table>	61.27																		
61.27																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D92304 Date of Disbursement																			
	Mailing Address 2965 West Corporate Lakes Blvd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	9													
	City Weston State FL Zip Code 33331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card fee	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 

71.17
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**TOTAL** This Period (last page this line number only) ..... ► 

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D92305 Date of Disbursement
	Mailing Address 2965 West Corporate Lakes Blvd	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Weston State FL Zip Code 33331	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="2.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D92306 Date of Disbursement
	Mailing Address 2965 West Corporate Lakes Blvd	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Weston State FL Zip Code 33331	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="4.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D92307 Date of Disbursement
	Mailing Address 2965 West Corporate Lakes Blvd	<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Weston State FL Zip Code 33331	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="19.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Philadelphia BOMA	Transaction ID: D87945 Date of Disbursement 07 / 20 / 2009
	Mailing Address Two Penn Center Suite 310	Amount of Each Disbursement this Period 6796.37
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Reimbursement of fundraising expenses	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92308 Date of Disbursement 10 / 21 / 2009
	Mailing Address P.O.Box 622227	Amount of Each Disbursement this Period 18.19
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement Account Analysis Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92290 Date of Disbursement 07 / 20 / 2009
	Mailing Address P.O.Box 622227	Amount of Each Disbursement this Period 21.32
	City Orlando State FL Zip Code 32862-2227	
	Purpose of Disbursement Account Analysis Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6835.88
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92291
	Mailing Address P.O.Box 622227	Date of Disbursement 08 / 10 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 8.32
	Purpose of Disbursement SunTrust Merchant Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92292
	Mailing Address P.O.Box 622227	Date of Disbursement 08 / 10 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 41.87
	Purpose of Disbursement SunTrust Merchant Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92293
	Mailing Address P.O.Box 622227	Date of Disbursement 08 / 10 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 116.02
	Purpose of Disbursement SunTrust Merchant Interchange Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

166.21

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92294 Date of Disbursement
	Mailing Address P.O.Box 622227	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement Account Analysis Fee	<input type="text" value="25.97"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92295 Date of Disbursement
	Mailing Address P.O.Box 622227	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement Account Analysis Fee	<input type="text" value="19.41"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92296 Date of Disbursement
	Mailing Address P.O.Box 622227	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Interchange	<input type="text" value="18.86"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="64.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92297
	Mailing Address P.O.Box 622227	Date of Disbursement 11 / 20 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 24.05
	Purpose of Disbursement Account Analysis Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92298
	Mailing Address P.O.Box 622227	Date of Disbursement 12 / 10 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 1.05
	Purpose of Disbursement SunTrust Merchant Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: D92299
	Mailing Address P.O.Box 622227	Date of Disbursement 12 / 10 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 5.96
	Purpose of Disbursement SunTrust Merchant Discount	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

31.06

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O.Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement SunTrust Merchant Interchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92300 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 16.16
<b>B.</b> Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O.Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Account Analysis Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92301 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 22.70

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

38.86

**TOTAL** This Period (last page this line number only) ..... ►

7235.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Rep. Cliff Stearns	Transaction ID: D88894 Date of Disbursement 09 / 17 / 2009
	Mailing Address 2370 RHOB	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20515-0906	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Cliff Stearns	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 06	

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010	Transaction ID: D92316 Date of Disbursement 12 / 09 / 2009
	Mailing Address 5915 Eastman Avenue	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Dave Camp	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

C.	Full Name (Last, First, Middle Initial) Rep. Eric I. Cantor	Transaction ID: D90357 Date of Disbursement 12 / 02 / 2009
	Mailing Address 329 CHOB	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20515-4607	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: VA District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Rep. Geoff Davis	Transaction ID: D88893 Date of Disbursement 09 / 17 / 2009
	Mailing Address 1108 LHOB	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20515-1704	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Geoff Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 04	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: D92309 Date of Disbursement 09 / 23 / 2009
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 2500.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name Rep. James Clyburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 06	

C.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: D92314 Date of Disbursement 11 / 13 / 2009
	Mailing Address P.O. BOX 521048	Amount of Each Disbursement this Period 2500.00
	City SALT LAKE CITY State UT Zip Code 84152	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Jim Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: UT District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) Rep. Richard E. Neal	Transaction ID: D92313 Date of Disbursement 11 / 13 / 2009
	Mailing Address 2208 RHOB	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20515-2102	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Richard E. Neal	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District: 02	

B.	Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS COMMITTEE	Transaction ID: D90359 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 131134	Amount of Each Disbursement this Period 1500.00
	City Birmingham State AL Zip Code 35213	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Rep. Spencer Bachus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AL District: 06	

C.	Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012	Transaction ID: D90112 Date of Disbursement 11 / 17 / 2009
	Mailing Address PO BOX 848	Amount of Each Disbursement this Period 2500.00
	City CHATTANOOGA State TN Zip Code 37401	
	Purpose of Disbursement Primary Contribution	Category/ Type
	Candidate Name Sen. Bob Corker	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D90358 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 509 MADISON AVE SUITE 1902 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D92312 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID <hr/> Mailing Address PO BOX 19163 <hr/> City LAS VEGAS State NV Zip Code 89132 <hr/> Purpose of Disbursement campaign contribution Candidate Name Sen. Harry Reid <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D92315 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BOMAPAC

A.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: D92310 Date of Disbursement 09 / 29 / 2009
	Mailing Address POST OFFICE BOX 250116	Amount of Each Disbursement this Period 2500.00
	City ATLANTA State GA Zip Code 30325	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Sen. Johnny Isakson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE	Transaction ID: D92311 Date of Disbursement 11 / 13 / 2009
	Mailing Address POST OFFICE BOX 1091	Amount of Each Disbursement this Period 1000.00
	City TUSCALOOSA State AL Zip Code 35403	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Sen. Richard C. Shelby	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE	Transaction ID: D90356 Date of Disbursement 12 / 02 / 2009
	Mailing Address POST OFFICE BOX 1091	Amount of Each Disbursement this Period 1500.00
	City TUSCALOOSA State AL Zip Code 35403	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name Sen. Richard C. Shelby	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00

**TOTAL** This Period (last page this line number only) ..... ►

27500.00